

# Hospital Palliative Care Pilot Project

Linda Cole
Chief, Long Term Care Policy and Planning
Center for Health Care Facilities
Planning and Development
November 21, 2013



## House Bill 581 (2013 Session)

- MHCC to select at least 5 palliative care pilot programs, in a manner to ensure geographic balance
- Pilot programs to:
  - Collaborate with community providers
  - Gather data on costs, savings, access, and patient choice
  - Report to MHCC on best practices

## House Bill 581 (continued)

- MHCC in consultation with pilot programs and stakeholders identify core measures for data collection
- Pilot programs must include certain policies and procedures
- Provide patient right to continue to pursue disease-targeted treatment with/without concurrent palliative care; receive comprehensive pain and symptom management

#### Process to Date

- Convened leadership group with MHA and OHCQ
- Conducted 15 phone interviews with 19 hospital palliative care programs
- Developed Request for Applications (RFA): October 18- November 8, 2013
- 14 applications submitted; 3 were assessed as not meeting minimum criteria

## RFA Requirements

- At least 50 licensed acute care beds
- Policies and procedures in place
- Established palliative care program
- Staff Qualified program director and at least one FTE program staff
- Volume At least 200 patients per year
- Data Resources to support data collection
- Collaboration With community providers

# Preliminary Hospital Selection

Name of Hospital	Number of Beds	Jurisdiction
Carroll Hospital Center	151	Carroll
Doctor's Community Hospital	198	Prince George's
Greater Baltimore Medical Center	255	Baltimore
Holy Cross Hospital	397	Montgomery
Johns Hopkins Hospital	1,060	Baltimore City
MedStar Union Memorial Hospital	221	Baltimore City
Meritus Health	237	Washington
Peninsula Regional Medical Center	288	Wicomico
Suburban Hospital	236	Montgomery
Union Hospital of Cecil County	85	Cecil
Upper Chesapeake Medical Center	185	Harford 6



- Convene Hospital Palliative Care Advisory Group (December 17, 2013)
- Group will consist of pilot hospitals, MHA,
   OHCQ, other consultant advisors, MHCC
- Group process will finalize study design, participants, and core data measures
- Initiate pilot study

#### **Timeframes**

- Bill effective October 1, 2013
- By December 1, 2015: MHCC with MHA,
   OHCQ report to legislature on findings of pilot, best practices, data outcomes
- Report:
  - Include recommendations for development of minimum standards for palliative care programs to expand access statewide by July 1, 2016
  - Be used by DHMH to develop regulations for palliative care hospital programs